

U.S. Department of Justice  
United States Marshal Service**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>12/5/2024</b> <b>STEVEN D Lisle JR</b>		COURT CASE NUMBER <b>22c50112</b>
DEFENDANT <b>Colton Love</b>		TYPE OF PROCESS <b>Summons</b>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Colton Love</b>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>Dixon Correctional Center 2600 North Brinton Avenue Dixon IL 61021</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <b>Steven D Lisle JR #R40159</b> <b>Pontiac Correctional Center</b> <b>Po Box 99</b> <b>Pontiac IL 61764</b>		Number of process to be served with this Form 285 <b>45M</b> Number of parties to be served in this case <b>11</b> Check for service on U.S.A. <input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Colton Love was a Lieutenant at the Dixon Facility during February 23, 2022

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

**9/8/24****SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____	<b>MS</b>	

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date  
**11/26/2024** Time  
**12:54** ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

**Mark Schmitt**

Service Fee <b>65</b>	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges <b>65</b>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: 11/26/2024 Phone number provided by DCC not in service.

The Litigation Coordinator for the Dixon Correctional Center related that (Lt. Colton Love) has taken a military leave of absence which involves active deployment through 2025.

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED